

Supplemental Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	COSMETIC OR PHARMACEUTICAL COMPOSITION COMPRISING PEPTIDES, USES AND TREATMENT PROCESSES
Attorney Docket Number::	0591-1008
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ~~FRANCAE~~ FRANCE  
Status:: Full Capacity  
Given Name:: CLAUDE  
Middle Name::  
Family Name:: DAL FARRA  
Name Suffix::  
City of Residence:: ~~OPIO~~ KERHONKSON  
State or Province of NEW YORK  
Residence::  
Country of Residence:: ~~FRANCE~~ USA  
Street of Mailing ~~30, CHEMIN DE SAN PEYRE~~  
Address:: 6 OLD PILGRIMS WAY  
City of Mailing Address:: ~~OPIO~~ KERHONKSON  
State or Province of Mailing Address:: NEW YORK  
Country of Mailing Address:: ~~FRANCE~~ USA  
Postal or Zip Code of Mailing Address:: ~~F-06650~~ 12446

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SYRIA  
Status:: Full Capacity  
Given Name:: NOUHA  
Middle Name::  
Family Name:: DOMLOGE  
Name Suffix::  
City of Residence:: VALBONNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 10, TRAVERSE DU BARRI  
Address::  
City of Mailing Address:: VALBONNE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06560

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-MARIE  
Middle Name::  
Family Name:: BOTTO  
Name Suffix::  
City of Residence:: VALBONNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 1, PASSAGE DU SQUARE  
Address::  
City of Mailing Address:: VALBONNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06560

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/003280	11/4/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/14012	11/8/02	Yes
FRANCE	03/09889	8/13/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::